Please type a plus sign (+) inside this box	$\rightarrow$	+	l
---	---------------	---	---

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN			Attorney Docket Nur	Attorney Docket Number		
			First Named Inventor		RICHMOND	
PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN				
		Application Number				
Submitted OR Submitt with Initial Filing (37 CFF		Filing Date	here	with		
	Declaration Submitted after Initial	Group Art Unit				
		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			

As a below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
ELASTIC SERIAL BUFFER TO COMPENSATE FOR DIFFERENT TRANSMIT AND RECEIVE CLOCK						
RATES FOR ANY SERIAL PROTOCOL						
		(7	itle of the Invention)			
the specification of which						
is attached hereto						
OR  was filed on (MM/DD/YYYY)	Γ		as United	States Application I	Number or PCT International	
,				-	(if applicable).	
Application Number		and was a	mended on (MM/DD/Y	YYY)		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	(	Country	Foreign Filing Date (MM/DD/YYYY)	e Priority Not Claimed	Certified Copy Attached? YES NO	
					0000	
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s) Filing Date (MM/DD/YYYY)						
60/217,520 O7/11/2000 Additional provisional approvisional						
				supplem	nental priority data sheet /02B attached hereto.	

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box  $\longrightarrow$   $\downarrow$   $\downarrow$  Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Filtect all correspondence to: 1 Y I	ustomer Nun r Bar Code La				OR .	Correspondence address below	
Name RONALD CRAIG FISH							
Address RONALD CRAIG FISH, A LAW CORPORATION							
Address POST OFFICE BOX 2258							
City MORGAN HILL				State	CA	<b>ZIP</b> 95037	
Country U.S.	1	relephone	e (408)	778-362	4	Fax (408) 776-0426	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any]) SCOTT EDWARD			Family Name or Surname RICHMOND				
Inventor's Signature Date							
Residence: City BOULDER State CO			Country U.S.		Citizenship U.S.		
Mailing Address 7360 OLDE STAGE ROAD							
Mailing Address							
City BOULDER	State CO		ZIP 80302		Country U.S.		
NAME OF SECOND INVENTOR:   A petition has been filed for this unsigned invento					ed for this unsigned inventor		
				Family Name or Surname			
Inventor's Signature						Date	
Residence: City			State		Country	Citizenship	
Mailing Address							
Mailing Address							
City	State			ZIP		Country	
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							